

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## Request to Reinstate Class E HHG Certificate

Ellis Transfer &amp; Storage, Inc.

227972  
227973 2010.295.TBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET 15802, 13560, 12068  
NUMBER: 2011 - 57 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

(\*) Submitted by: Debbie Wolfe Telephone: 843 669-7705  
(\*) Address: 1953 W. EVANS ST. (\*) Fax: 843 669-6335  
FLORENCE, SC 29501 Other:  
(\*) Email: djw@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

RECEIVED

FEB 02 2011

CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

**ELLIS TRANSFER & STORAGE, INC.**  
**AGENT FOR BEKINS VAN LINES**

1953 W. Evans St.  
Florence, SC 29501

843-669-7705 FAX 843-669-6335

February 3, 2011

To Whom it May Concern:

Please reinstate our authority as soon as possible. Enclosed is hopefully all the information needed to do so.

If you have any questions or need further information, please call me at (843) 669-7705

Thank you,

Hebbie Weese

I started this on  
12/30/10 - Computer hard  
drive crashed. Just got  
most things reloaded.  
Sorry for the delay.

RECEIVED

FEB 03 2011

CLERK'S OFFICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

(X) Date: 12-30-10

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

(X) Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is 905-D. My certificate was revoked/  
cancelled on 11-17-10 because of failure to submit a 2009 Annual Report.

(X) I am seeking reinstatement because HAD THOUGHT ANNUAL REPORT HAD BEEN FILED  
with you. WAS found LATER. We still wish to be a licensed  
MOVER.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ELLIS TRANSFER & STORAGE, INC

1953 W. EVANS ST, FLORENCE, SC 29501

Street Address of Applicant

Mailing Address of Applicant if different from street address

843 669 - 7705

Phone

843 669 - 6335

FAX

djwolfe@bellsouth.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

M.A. Ellis, Jr. (PRES) 940 Santiago Dr. Florence, SC 29501  
Maurice R. Ellis, (SECRETARY) 2358 Hallmark Dr, Florence, SC 29505

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☒ Yes ☒ No

*If yes, list dates and nature of revocations below.*

11-17-10 no annual report filed

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

# **BALANCE SHEET**

UNAUDITED - ACCOUNTANT TO  
DO CLOSING OF FISCAL YEAR  
THEREFORE, SOME ITEMS MAY CHANGE.

Balance at Time Application is Filed:

Month 12 Year 2010

## **Assets:**

Cash	5627
Receivables	42,233
Real Estate	60
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	0
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	<b>47,915</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	18,737
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	3,662
Other Accrued Obligations	
Other Liabilities	21
<b>Total Liabilities</b>	<b>21,820</b>
Capital Stock	50,000
Retained Earnings	(21,122)
<b>Total Equity</b>	<b>(2,783)</b>
<b>Total Liabilities and Equity</b>	<b>47,915</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

Member of S.C. Tariff Bureau

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Chesterfield, Darlington, Dillon, Florence, Marion,  
Marlboro & Williamsburg counties to points &  
places in South Carolina

## DESCRIPTION OF EQUIPMENT

	MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *	
1	FRHT	1992	1F4KABYA6NH522647	13,500	47,000	Gross weight
2	INTL	1988	1HTLDUXP6JH552930	15,300	28,000	Gross weight
3	GDAN	1977	77669	11,000		
1,3 TRACTOR TRAILER COMB CAN HAUL 22,500 lbs						
2 STRAIGHT TRUCK CAN HAUL 12,800 lbs						

\* Number of seats if passenger carrier or tonnage if freight carrier.

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

ETI Transfer & Storage, Inc.  
Name of Motor Carrier  
1953 West Evans St, Florence, SC 29501  
Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 2523.00  
Cargo Insurance \$ 564.00

**Limits Quoted: (See Below)**

Limits 1,000,000  
Limits 100,000

\* Attach Certificate of Insurance if available.

Transguard L.L.C. of America, Inc.  
Name of Insurance Company  
707 W. 1st St, #700 Los Angeles, CA 90017  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12-31-10 William E. Cordell  
Date Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2010PRODUCER (817)924-4236 FAX: (817)921-0170  
Cordell & Company Insurance Agency  
P O Box 12129THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.Fort Worth TX 76110-8129  
INSURED

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Transguard Ins Co/Transguard

INSURER B:

INSURER C:

INSURER D:

INSURER E:

Ellis Transfer & Storage, Inc  
1953 West Evans St.

Florence SC 29501-3393

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TCP111371-01	5/28/2010	5/28/2011	MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC		
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				
	ALL OWNED AUTOS	TCP111371-01	5/28/2010	5/28/2011	BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	OCCUR CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>			E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER CARGO/WAREHOUSE	TCP111371-01	5/28/2010	5/28/2011	PER TRUCK \$100,000
	LEGAL LIABILITY				PER OCCURRENCE \$200,000
	\$1,000 DEDUCTIBLE				GOODS IN STORAGE \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

Proof of Insurance

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Milton Cordell/DRT

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with South Carolina Department of Motor Vehicles (herein after called Agency)  
(Name of Agency)

This is to certify that the TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.  
(Name of Company)  
(herein after called Company) of 215 Shuman Blvd., Ste 400, Naperville, IL, 60563  
(Home Address of Company)

has issued to Ellis Transfer & Storage, Inc. of 1953 W. Evans St., Florence, SC, 29501  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/28/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 707 Wilshire Boulevard  
Suite 800  
Los Angeles CA 90017 This 30th day of Dec 20 10  
(Address) (Day) (Month) (Year)

Insurance Company File No. TCP111371  
(Policy No)

Carole S. Boettcher  
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00

Form H  
Uniform Motor Carrier Cargo  
Certificate of Insurance

Filed with South Carolina Department of Motor Vehicles (hereinafter called Commission)  
(Name of Commission)

This is to certify that the TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.  
(Name of Company)

(herein after called Company) of 215 Shuman Blvd., Ste 400, Naperville, IL, 60563  
(Home Address of Company)

has issued to Ellis Transfer & Storage, Inc.

(Name of Motor Carrier)

of 1953 W. Evans St., Florence, SC, 29501

(Address of Motor Carrier)

A policy or policies of insurance effective from 05/28/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein, may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 707 Wilshire Boulevard  
Suite 800 Los Angeles CA 90017 this 30th day of  
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Dec 20 10

Insurance Company File No. TCP111371

(Policy Number)

Carole S. Boettcher

(Authorized Company Representative)

**Exhibit FWA**

ELLIS TRANSFER & STORAGE, INC.  
Name

104680  
U.S.D.O.T No.

109542  
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes                      ☐ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory                      ☐ Conditional                      ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes                      ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes                      ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes                      ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Ellis Transfer & Storage Inc  
by: Randy Ellis  
Applicant's Signature

SWORN TO BEFORE ME  
This 3 day of FEB, 2011

M. L. L. L.  
Notary Public

Commission Expires \_\_\_\_\_

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Florence

Ellis Transfer & Stor. Inc.

by [Signature]

Applicant's Signature

I,

Randy Ellis

Name of Applicant's Representative

Manager

Title

of

Ellis Transfer & Storage Inc.

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 3 day of FEB, 2011

[Signature]

Notary Public

Commission Expires 6-6-16

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

ELLIS TRANSFER & STORAGE, INC  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes      ☐ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes      ☐ Not Applicable

I, Randy Ellis, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Ellis Transfer & Storage, Inc  
by Randy Ellis  
Applicant's Signature

SWORN TO BEFORE ME  
This 3 day of FEB, 2011

MA  
Notary Public

Commission Expires 6.6.16

Print Application

☒ USDOT Number   ☐ MC/MX Number   ☐ Name

Enter Value: 104680

Search

## Company Snapshot

### ELLIS TRANSFER & STORAGE INC

USDOT Number: 104680

#### ID/Operations | [Inspections/Crashes](#) | [Safety Rating](#) | [Insurance](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

#### Other Information for this Carrier

▼ [SMS Results](#)

▼ [Licensing &](#)

[Insurance](#)

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 12/29/2010.

<b>Entity Type:</b>	Carrier														
<b>Out of Service (Interstate Only):</b>	No	<b>Out of Service Date:</b>	None												
<b>Legal Name:</b>	ELLIS TRANSFER & STORAGE INC														
<b>DBA Name:</b>															
<b>Physical Address:</b>	1953 W EVANS ST FLORENCE, SC 29501-3354														
<b>Phone:</b>	(843) 669-7705														
<b>Mailing Address:</b>	1953 W EVANS ST FLORENCE, SC 29501-3354														
<b>USDOT Number:</b>	104680	<b>State Carrier ID Number:</b>													
<b>MC or MX Number:</b>	MC-109542	<b>DUNS Number:</b>	--												
<b>Power Units:</b>	3	<b>Drivers:</b>	2												
<b>MCS-150 Form Date:</b>	04/15/2009	<b>MCS-150 Mileage (Year):</b>	10,000 (2008)												
<b>Operation Classification:</b>															
<table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td><input type="checkbox"/> Priv. Pass.(Non-business)</td> <td><input type="checkbox"/> State Gov't</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td><input type="checkbox"/> Migrant</td> <td><input type="checkbox"/> Local Gov't</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td><input type="checkbox"/> U.S. Mail</td> <td><input type="checkbox"/> Indian Nation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Priv. Pass. (Business)</td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation	<input checked="" type="checkbox"/> Priv. Pass. (Business)		
<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't													
<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't													
<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation													
<input checked="" type="checkbox"/> Priv. Pass. (Business)															

Fed. Gov't		
<b>Carrier Operation:</b>		
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
<b>Cargo Carried:</b>		
General Freight	Liquids/Gases	Chemicals
<input checked="" type="checkbox"/> Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

### ID/Operations | Inspections/Crashes | Safety Rating | Insurance

#### Inspection results for 24 months prior to: 12/29/2010

Total inspections: 1

**Note:** Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

#### Inspections:

Inspection Type	Vehicle	Driver	Hazmat
Inspections	1	1	0
Out of Service	0	0	0
Out of Service %	0%	0%	0%
Nat'l Average % (2007- 2008)	22.27%	6.60%	5.02%

#### Crashes reported to FMCSA by states for 24 months prior to: 12/29/2010

#### Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

### ID/Operations | Inspections/Crashes | Safety Rating | Insurance

*The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.*

**Carrier Safety Rating:**

**The rating below is current as of: 12/29/2010**

**Review Information:**

<b>Rating date:</b>	<b>05/27/2005</b>	<b>Review Date:</b>	<b>05/19/2005</b>
<b>Rating:</b>	<b>Satisfactory</b>	<b>Type:</b>	<b>Compliance Review</b>

**ID/Operations | Inspections/Crashes | Safety Rating | Insurance**

For the most current information on the status of operating authority and insurance for this carrier, go to the **FMCSA Licensing & Insurance site**.

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----- Name	----- Address
----- Name	----- Address

8. The general nature of the business for which the corporation is organized is (it is not necessary to set forth in the purposes powers enumerated in Section 2.2) (12-12.2 Supplemental Code 1962)

To operate a transfer and storage business, as well as to purchase, manufacture, or otherwise acquire, own, mortgage, pledge, sell, assign and transfer or otherwise dispose of, to invest, trade, deal in and deal with goods, wares and merchandise and real and personal property of every class and description, and to do all other things in any way necessary or incident thereto.

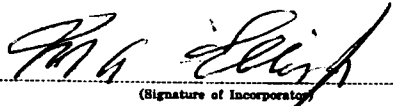
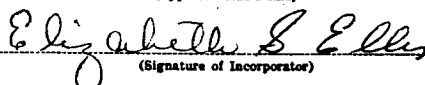
9. Provisions which the incorporators elect to include in the articles of incorporation are as follows:

NONE

10. The name and address of each incorporator is:

Name	Street & Box No.	City	County	State
M. A. Ellis, Jr.	940 Santiago Dr.	Florence	Florence	S. C.
Elizabeth S. Ellis	940 Santiago Dr.	Florence	Florence	S. C.

Date August 10, 1971

  
 -----  
 (Signature of Incorporator)  
 M. A. Ellis, Jr.  
 -----  
 (Type or Print Name)  
  
 -----  
 (Signature of Incorporator)  
 Elizabeth S. Ellis  
 -----  
 (Type or Print Name)  
 -----  
 (Signature of Incorporator)  
 -----  
 (Type or Print Name)

STATE OF SOUTH CAROLINA

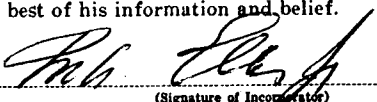
COUNTY OF FLORENCE

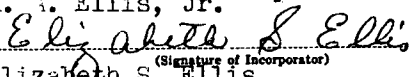
SS:

M. A. Ellis, Jr. and Elizabeth S. Ellis

The undersigned

do hereby certify that they are the incorporators of/ Ellis Transfer & Storage, Inc. corporation and are authorized to execute this verification; that each of the undersigned for himself does hereby further certify that he has read the foregoing document, understands the meaning and purport of the statements therein contained and the same are true to the best of his information and belief.

  
M. A. Ellis, Jr.  
(Signature of Incorporator)

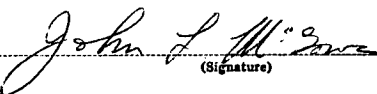
  
Elizabeth S. Ellis  
(Signature of Incorporator)

(Signature of Incorporator)  
(Each Incorporator Must Sign)

#### CERTIFICATE OF ATTORNEY

11. I, John L. McGowan, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of chapter 4 of the South Carolina Business Corporation Act of 1962, relating to the organization of corporations, and that in my opinion, the corporation is organized for a lawful purpose.

Date August 10, 1971

  
(Signature)

John L. McGowan

(Type or Print Name)

Address P. O. Box 109

Florence, S. C.

#### SCHEDULE OF FEES

(Payable at time of filing Articles of With Secretary of State)

Fee for filing Articles \$ 5.00  
In addition to the above, \$40 for each  
\$1,000.00 of the aggregate value of shares  
which the Corporation is authorized to  
issue, but in no case less than 40.00  
nor more than 1,000.00

NOTE. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE IT WILL BE ACCEPTED FOR FILING.

# Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS  
OF

OFFICE OF REGULATORY STAFF

DEC 09 2010

**Ellis Transfer & Storage, Inc.**

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

**FOR THE YEAR ENDED 2009**

☒ Calendar Year Ending December 31, 2009

or

☐ Fiscal Year Ending \_\_\_\_\_

